



06-04-04

AF/1762

Jfw

PTO/SB/21 (08-00)

Please use a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

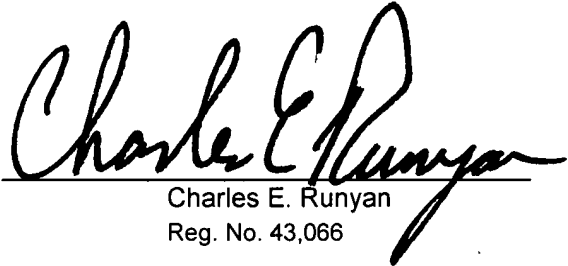
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/753,630	
	Filing Date	January 2, 2001	
	First Named Inventor	Syed F.A. Hossainy	
	Group Art Unit	1762	
	Examiner Name	Michener, Jennifer Kolb	
Total Number of Pages in This Submission	23	Attorney Docket Number	50623.67

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (20 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request month)(duplicate) <input checked="" type="checkbox"/> Prepaid Return Postcard <input type="checkbox"/> Certificate of Fax Transmittal <input checked="" type="checkbox"/> Amendment transmittal (in duplicate) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Charles E. Runyan, Reg. No. 43,066
Signature	
Date	June 2, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal As Express Mail on this date: June 2, 2004.			
Typed or printed name	Patricia Gamble		
Signature		Date	June 2, 2004

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50623.67	
Applicant(s) Syed F.A. Hossainy					
Serial No. 09/753,630	Filing Date January 2, 2001	Examiner Jennifer Kolb Michener		Group Art Unit 1762	
<p>Invention: Adhesion of Heparin-Containing Coatings to Blood-Contacting Surfaces of Medical Devices</p> <p style="text-align: center;">TO THE COMMISSIONER FOR PATENTS:</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33	61	2	X \$18.00	\$00.00
INDEP. CLAIMS	8	10	2	X \$86.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00.00 A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.</p>					
<p>Dated: June 2, 2004 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200</p> <p>cc: Docket:</p>			 Charles E. Runyan Reg. No. 43,066		



PATENT
Attorney Docket No.: 50623.00067

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Syed F.A. Hossainy et al.	Examiner: J. Kolb Michener
Serial No.: 09/753,630	Art Unit: 1762
Filed: January 2, 2001	
Title: Adhesion of Heparin-Containing Coatings to Blood-Contacting Surfaces of Medical Devices	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Dear Examiner Michener:

This responds to the Office Action dated 2 March 2004.